



**Ninety-Seventh Legislature - First Session - 2001**  
**Committee Statement**  
**LB 399**

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**Hearing Date:** January 31, 2001

**Committee On:** Health and Human Services

**Introducers:** (Cunningham, Byars, Jensen, Price, Suttle, Thompson)

**Title:** Adopt the Outpatient Surgical Procedures Data Act

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**Roll Call Vote – Final Committee Action:**

Advanced to General File

X Advanced to General File with Amendments

Indefinitely Postponed

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**Vote Results:**

5	Yes	Senator Jensen, Byars, Price, Cunningham and Erdman
1	No	Senator Suttle
1	Present, not voting	Senator Maxwell
	Absent	

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**Proponents:**

Senator Doug Cunningham  
Roger Keetle

Brad Sher  
Joni Cover

Alan Diener

**Representing:**

Introducer  
Nebraska Association of Hospitals and Health  
Systems  
Bryan/Lincoln General Hospital  
Nebraska Association of Hospitals and Health  
Systems  
University of Nebraska Medical Center

**Opponents:**

Rob Linafelter

Sheri Babcock  
David Buntain

**Representing:**

Nebraska Association of Independent  
Ambulatory Centers  
Urology Surgical Center  
Nebraska Medical Association

**Neutral:**

**Representing:**

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**Summary of purpose and/or changes:** The bill adopts the Outpatient Surgical Procedures Data Act. The bill finds that there is an urgent need to understand patterns and trends in the availability and use of outpatient surgical procedures. The purposes of the act are (a) to establish an information data base, (b) to improve the appropriate and efficient use of outpatient surgical procedures, and (c) to designate the Department of Health and Human Services Regulation and

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Licensure (department) as the public health authority for the acquisition and dissemination of data from appropriate sources to carry out the purposes of the act.

The bill requires licensed ambulatory surgical centers and hospitals that provide outpatient surgical procedures to submit every year, no later than April 1, a verified report with certain prescribed information. The department may require that data be provided electronically according to physical specifications, format, and record layout prescribed in rules and regulations.

The department is permitted to contract with or provide grants to private sector entities to carry out its duties under the act. The department is required to coordinate the development of its outpatient surgical procedures data base with public sector data bases, to support linkages between the public sector data bases, and to consider and implement methods to streamline data collection to reduce administrative costs under the act.

Additionally, the department must (1) publish an annual statistical report, (2) comply with all necessary requirements to obtain funds or grants, (3) coordinate with other registries and other data bases, (4) consult with medical professionals and health information management professionals in formulating plans and policies relating to the data base, (5) adopt and promulgate rules and regulations to implement the act, and (6) use negotiated rule making to implement the act when requested.

The bill requires the department to assess reporting hospitals and ambulatory surgical centers for the costs of administering the act, less the estimated total amount to be received from legislative appropriations and other sources. The assessment must be made by November 15 of each year, and must be paid by January 1. Money collected under the act is credited to the Outpatient Surgical Procedures Data Cash Fund.

The department may suspend the license of facilities that fail to comply with the reporting requirements of the bill or fail to pay the required assessment. The department may also impose a late fee of \$100 per day until the report is filed or the payment is made, unless an extension is granted by the department. The late fee may be recovered in a civil action brought by the department, and may be reduced or waived by the department for good cause. The department may inspect and audit the records of a facility during regular business hours to verify data required to be reported under the act.

**Explanation of amendments, if any:** The committee amendment (AM489) deletes findings contained in section 1 of the bill and deletes the definition of charity care in section 3 of the bill. The amendment clarifies references to federal acts and regulations in the bill as they existed on the effective date of the bill. The amendment clarifies the definition of primary payor in the bill to include medicaid, medicare, private payor, self-pay, and other public or private sources. The amendment deletes the definition of statistically random sample in section 3 of the bill. Reporting requirements in the bill are amended to exclude a requirement to report the number of patients served and the aggregate value of outpatient surgical procedures provided as charity care. The amendment deletes a provision in section 4 of the bill to exempt hospitals or ambulatory surgical centers from having to file a duplicate report under the bill if they already electronically report to another organization or government agency. The amendment deletes section 6 of the bill. The amendment requires the department to charge persons requesting a special report under the bill for the cost of preparing the report, including the cost of retrieval and data processing. The amendment deletes the authority of the department in section 9 of the bill to suspend the license of an ambulatory surgical center or hospital for failure to report or to pay the required assessment for such reporting under the bill.

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**Senator Jim Jensen, Chairperson**